

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/ 586259

7.18.06

CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 <sup>ST</sup> AMENDMENT	IND.	DEP.	2 <sup>ND</sup> AMENDMENT
1	1		1			
2		1		1		
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TOTAL IND.			2			
TOTAL DEP.			13			
TOTAL CLAIMS			15			

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 <sup>ST</sup> AMENDMENT	IND.	DEP.	2 <sup>ND</sup> AMENDMENT
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